

Fall 2005

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FROM THE DESK OF THE DDSN MEDICAL CONSULTANT

INSIDE THIS ISSUE:



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FALLS

In our care we try to keep our consumers safe. Falls are one problem we try to avoid as they can cause nasty injuries. A person may fall because they trip and fall or because they collapse – but remember a fall is not normal. We need to investigate each one to learn how to avoid the person having another one. There are many things that can lead to a fall.

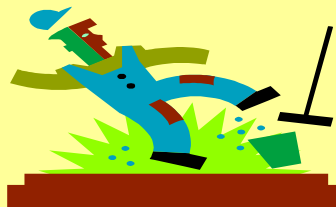
A person is more likely to fall if they have *health problems*. Watch for:

- ❖ Effects of heat;
- ❖ Exhaustion or tiredness particularly in older persons;
- ❖ Stumbling in a person with balance or inner ear problems, or vision restrictions (even new glasses!);
- ❖ Falls associated with seizure disorder (epilepsy);
- ❖ Hypoglycemia in a diabetic may increase the chance of a fall;
- ❖ Fainting, particularly in persons with heart conditions or dehydration;
- ❖ Falls secondary to effects of medications or changes in dosage in anticonvulsants or psychiatric medication;
- ❖ Restricted movement causing increased falls for a person with cerebral palsy, stroke, Parkinson disorder;
- ❖ Restricted movement of an injured limb or even sore toe, tight shoes, even tight clothing or very loose clothes that can tangle.

The *surroundings* may make a fall more likely. Watch for:

- ❖ Uneven, wet, or slippery walking surfaces;
- ❖ Poor lighting;
- ❖ Noisy areas causing distractions;
- ❖ Blocked pathways.

Please look for these conditions of the person or place and try to correct them before a bad fall happens.



If we notice any of these things, we may be able to help prevent a fall by changing the dangerous condition or providing more support to our consumers.

If a person does fall, there are several things we should do:

1. *Ask for help from the health care team or call 911 if:*
 - a. The person looks gray/pale/blue after the fall;
 - b. The person is unconscious after the fall;
 - c. The person who has fallen is in a lot of pain (when lying still or when they move);
 - d. The person has obvious deformity such as unusual swelling or position of limbs or head or there is a bone sticking out.
2. *Do not move the person until you are sure they have no serious injury.*
3. *Continue supportive care of consumer.* This may mean accompanying them to emergency care with appropriate notification and transfer of care responsibilities. You may only need to check, reassure, and help the consumer by reinforcing positive behaviors such as tying shoe laces.
4. *Record the fall and details.*
 - a. What happened and what you saw.
 - b. Record details of pain (e.g. John complained of pain in his right wrist when he holds anything in his hand).
 - c. Look for redness, scrapes (rug burn), cuts, bleeding, swelling, deformity, or any pain.
 - d. Details of how the person landed can help explain bruises that may show later.
5. *Report the fall according to your Agency's policy.*
6. *Check for possible causes of the fall.* (e.g., consumer was tired after shopping and slipped on wet floor in kitchen where light fixture was broken and area was poorly lit. Consumer's shoe lace was not tied.)
7. *Correct those things you can now.* (e.g. mop floor dry; tie shoe lace; leave other lights on; monitor consumer – encouraging rest.)
8. *Report other risk factors to supervisor.* (e.g. report light fixture problem for repair; check for the reason water was on the floor.)

Many falls can be prevented. We need to be alert, aware, and ready to correct problems.